



CITY OF REDMOND
City Cashier, MS: 2SPL
PO Box 97010
Redmond, WA 98073-9710
(425) 556-2144

GAMBLING TAX RETURN

Within the Corporate Limits of the City

Business Name _____

Address _____

Business License # RED _____

Telephone _____ email address _____

Tax is due to the City by 5 pm on or before the last day of each April, July, October and January, after which penalties apply. Submit original return with payment made payable to the **City of Redmond**.

This report is for the quarter ending _____, 20____

Classification	Gross Receipts	Deduct Cost of Prizes	Net Receipts	Tax Rate	Total Tax Due
Bingo Game or Raffle				5%	
Amusement Games				2%	
Pulltabs (non-profit organizations)				10%	
Pulltabs (as commercial stimulant)				5%	
Social Card Games (as commercial stimulant)				12%	
Social Card Games (non-profit organizations)				\$1.00 per year per member	

Washington State Gambling Commission License No.

Date Expires

I declare under the penalties of perjury that this return (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct and complete return.

Signature of Applicant

Title

Printed Name

Date